PATENT

Attorney Docket No.: 15CT-4957

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh et al.

Group No.: 2882

Serial No.: 10/613,791

: Examiner: Artman, Thomas R.

Filed:

July 03, 2003

For:

METHODS AND APPARATUS FOR SCOUT-BASED CARDIAC CALCIFICATION SCORING

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal (3 pgs.), in duplicate
Amendment in response to the final Office Action dated July 11, 2007 and the
Advisory Action dated December 14, 2007 (10 pages)
A copy of an executed Reissue Application Declaration by the Inventor from Jiang
Hsieh and Mark Edward Woodford (2 pages)

### **STATUS**

Applicant
claims small entity status.
is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)		
first month	\$ 120.00	\$ 60.00		
second month	\$ 460.00	\$ 230.00		
X third month	\$ 1,050.00	\$ 525.00		

			fourth month			\$1,640.00	\$ 820.00		
			fi	fth month		\$2,230.00	\$1,	115.00	
						Fee:		\$1050.00	
If an	additio	nal ext	ension of	f time is requ	ired, please	consider this a pet	ition	therefor.	
			(Ch	neck and comple	ete the next it	em, if applicable)			
		X	therefore	_	deducted fr	ready been secured om the total fee dusted.		<b>▼</b> .	
			Exten	nsion fee due	with this re	equest \$590.00			
						OR			
		app		s inadvertent	tly overlool	o provide for the posent ced the need for a p		•	
					OR CLAI				
4.	The fee (Co		ims (37 <b>(</b>	C.F.R. 1.16(b (Col. 2)	(Col. 3)	small entity	shown	below: OTHER THAN SMALL ENTITY	
	CLA REMA AFT AMENI	INING TER		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE	
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$	
INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$	
	FIRST	PRESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+ \$180.00 = \$		+ \$360.00 = \$	
	_					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	
	(a)	$\boxtimes$	No add	itional fee for	r Claims is	required			
					OR				
	(b)		Total ac	dditional fee	for claims	required \$			
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5.		Attach	ned is a cl	heck in the sı	um of \$				
		_	•	t Account No this transmitt		the sum of \$ <u>590.00</u> ed.	<u>)</u> .		

# FEE DEFICIENCY

6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.
		AND/OR
	$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7.		Other:
		William J. Zychlewicz Registration No. 51,366 ARMSTRONG TEASDALE LLP

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